

June 20, 2014: Attention ALL Providers: Due to a system issue the Medicaid Health Plan Primary Care Physician (MHP PCP) information is not being returned on the 271 eligibility response file for individuals enrolled with MME-MC, MA-HMP-MC and CSHCS-MC benefit plans. Until this is resolved please verify eligibility via CHAMPS when verifying MHP PCP information for a beneficiary in one of the above-mentioned plans. If there is no PCP currently listed for the beneficiary then the hyperlink for the MHP PCP will be N and not display any PCP information.

The MHP PCP information for individuals with MA-MC benefit plan is returning on the 271 correctly. We apologize for any inconvenience that this may cause and we are working to get this corrected.

Please email AutomatedBilling@michigan.gov with any questions.

June 17, 2014: System Outage: Attention ALL Providers: Due to MDCH Single Sign-On (SSO) maintenance, the CHAMPS application will not be accessible Wednesday June 18th, 2014, Thursday June 19th, 2014 and Friday June 20th, 2014 between the times of 2:00am and 5:00am. This Outage will affect CHAMPS front end systems access via the MDCH Single Sign-On. We apologize for any inconvenience this may cause.

June 11, 2014: Attention Outpatient Hospital Providers: All paid claims with dates of service on or after 4/01/2014 will be adjusted with the newly loaded April APC software updates and will appear on pay cycle 26 (6/26/14). Adjusted claims can be identified by the claim note "APC April 2014 quarterly updates."

For further information, please review [how to verify the Adjustment Source of your claim](#)

June 11, 2014: Attention Inpatient & Outpatient Hospital Providers: As part of the most recent CHAMPS update, claims are now processing in alignment with current MSA policy bulletin [10-60](#). Effective for DOS on and after January 1, 2011, MDCH will follow Medicare's policy for all preadmission diagnostic services and other preadmission services. All non-diagnostic services rendered in the three day window prior to the inpatient hospital admission may not be billed separately and must be bundled into the inpatient stay, unless the hospital can document they are unrelated services.

Claims can be identified with Claim Adjustment Reason Code (CARC) 96 and Remittance Advice Remark Code (RARC) M2.

June 10, 2014: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, June 14th through 6:00 AM Sunday, June 15th, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

June 06, 2014: Attention ALL Providers: Due to a system update and the MDCH Other Insurance Claims Unit (formerly Third Party Liability Claims Processing Unit) claims review process, some providers may experience a delay in payment.

June 03, 2014: System Outage: Due to system maintenance, CHAMPS will be down between 5:00 PM Saturday, June 7, 2014 thru 1:00 AM Sunday, June 8, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May 21, 2014: ATTENTION TRADING PARTNERS AND BILLING AGENTS: Automated Billing for Michigan Medicaid announces an opportunity to register your email address for immediate updates. This is a great way to receive direct, immediate communication. Common updates will include: training opportunities, CHAMPS system updates and outages, and other important automated billing specific alerts. [Click here to subscribe](#) and receive updates for Automated Billing announcements delivered to your registered email address. You can unsubscribe at any time.

May 20, 2014: System Outage: Due to system maintenance, CHAMPS will be down between 7:00 PM Friday, May 30, 2014 thru 2:00 AM Saturday, May 31, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May 09, 2014: Attention Nursing Facility Providers: When billing for days that include coinsurance, all Medicare insurance payments and CARC information must be reported as listed on the Explanation of Benefits (EOB) received by Medicare. Refer to the Medicaid Provider Manual – 8.16 MEDICARE - MEDICAID NURSING FACILITY CROSSOVER CLAIMS WITH GROUP HEALTH INCORPORATED (GHI) (COORDINATION OF BENEFITS). Claims reported with missing or incomplete Medicare payment information will be denied.

May 06, 2014: System Outage: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday May 10th, 2014 thru 6:00 AM Sunday, May 11th, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May 06, 2014: Attention ALL Providers: Due to a CHAMPS system issue, The Fee for Service (FFS) Remittance Advice (RA) and Electronic Funds Transfer (EFT) payments will be delayed by one day. Warrants are unaffected by this issue and will remain on schedule.

April 16, 2014: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@michigan.gov

April 15, 2014: Attention ALL Providers: MDCH Third Party Liability (TPL claims processing) has identified and will adjust claims which were incorrectly over paid in CHAMPS by not reducing payment correctly when there was more than one service line of other insurance information reported. Current policy outlined in the Medicaid Provider Manual within the Coordination of Benefits chapter, "MDCH payment liability for beneficiaries with other insurance is the lesser of the beneficiary's liability (including coinsurance, copayments, or deductibles), the provider's charge minus contractual adjustments, or the maximum Medicaid fee screen minus the insurance payments." These claims may be identified by the following note: **"adjustments – Lesser of Logic correction."**

April 15, 2014: Attention ALL Providers: MDCH Third Party Liability (TPL claims processing) will be adjusting claims to correct a system defect within CHAMPS which allowed claims and service lines to process for payment in error. The other payers claim adjustment reason codes (CARC) were not appropriate for Medicaid to make reimbursement based upon current policy outlined in the Medicaid Provider Manual within the Coordination of Benefits chapter "MDCH does not pay for services denied by Medicare or other insurance plans due to noncompliance with Medicare or other insurance plan requirements." These claims may be identified by the following note: **"CARC reported does not allow payment."**

April 15, 2014: Attention ALL Providers and Trading Partners: Due to the Heartbleed virus, all accounts interfacing with the State of Michigan's Data Exchange Gateway (DEG) system are required to change their passwords by 5:00 p.m. on Friday April 18, 2014. This includes all passwords associated with individual users as well as automated systems. If you do not change your password by this date and time, your password will be disabled and you will be unable to submit any files. If you have any questions, please contact AutomatedBilling@michigan.gov

April 15, 2014: UPDATE: In regards to the message posted on April 7, 2014 for Institutional providers; providers should no longer be experiencing the DDE screen error message when entering a secondary or tertiary claim when the other payer's information does balance on the claim.

April 10, 2014: Attention Outpatient Hospital Providers: Due to APC software updates, MDCH has resurrected claims for dates of service on or after January 1, 2014, that previously denied for procedure

code G0463. Providers can identify the affected claims by reviewing the claim note which will read "G0463 resursects."

April 07, 2014: Attention Institutional Providers: Providers submitting secondary/tertiary claims through the CHAMPS portal using Direct Data Entry (DDE) with a claim adjustment reason code (CARC) reported at the header with a value ending in .00 are receiving the following message in error: "Total submitted charges is not equal to the sum of Payments and CARC amounts for payer" when the charges and other payers information does balance. Providers are encouraged to submit these claims through their electronic vendor until this defect has been resolved, a subsequent message will be posted once resolved.

April 07, 2014: System Outage: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, April 12, 2014 thru 6:00 AM Sunday, April 13, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

April 02, 2014: Attention ALL Providers: This is an update to the Biller B Aware posted on February 25, 2014, in reference to Section 1104 of the Affordable Care Act (ACA). As of March 28, 2014, MDCH will set informational edits which will be used to alert providers when their billing agent is not properly associated to their NPI within CHAMPS. The codes used to communicate this issue will be claim adjustment reason code (CARC) 96 -Non-covered charges and remittance advice remark code (RARC) N55 -Procedures for billing with group/referring/performing providers were not followed.

Providers are encouraged to resolve this as soon as possible, by updating their Provider enrollment application within CHAMPS and associate the appropriate billing agent. Another Biller B Aware will be posted in the near future to inform providers of the date these edits will be changed to a deny level edit.

April 02, 2014: Attention Outpatient Hospital Providers: All paid claims with dates of service on or after 1/01/2014 will be adjusted with the newly loaded January APC software updates and will begin to appear on pay cycle 14 (4/03/14). Adjusted claims can be identified by the claim note "APC Jan 2014 quarterly updates". Please review the following for information on [how to verify the Adjustment Source of your claim](#).

April 02, 2014: Attention ALL Providers: Beneficiaries may have Medicare Advantage Plans with an additional Traditional or PPO BCBSM policy that includes medical and hospital coverage. "Federal regulations require that all identifiable financial resources be utilized prior to expenditure of Medicaid funds for most health care services provided to Medicaid beneficiaries." In most cases, the beneficiary has coverage with a Medicare Advantage plan and a BCBSM Traditional or PPO plan that covers medical and hospital services. Providers must bill all resources prior to billing Medicaid. Any questions on how to report other insurance information on your claims, please contact the Provider Hotline at 1-800-292-2550.

March 20, 2014: System Outage: Due to system maintenance, CHAMPS will be down Friday March 28, 2014, between 7:00 PM through 11:00 PM. This outage will affect CHAMPS system access for all functionality, we apologize for any inconvenience.

March 20, 2014: Attention Dental Providers: Since the initial release of CHAMPS in 2009, procedure code D9240 has paid in error when billed for places of service that are not appropriate based on the CDT description. The system has been corrected and MDCH will be performing adjustments to recover the incorrect payments as of 04/15/2014. To avoid financial hardship, providers are encouraged to adjust their claims prior to this date and include the following note "rebilling for change in place of service."

March 05, 2014: Attention ALL Providers: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, March 8 thru 6:00 AM Sunday, March 9, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

March 03, 2014: Attention Nursing Facility Providers: Medicare Coinsurance rates for 2014 will not be loaded in CHAMPS until March 28, 2014. This is resulting in Coinsurance day claims, reporting value

code 82, to be reimbursed at zero dollars in error. Once the 2014 Coinsurance rates have been loaded into CHAMPS MDCH will adjust any incorrectly paid claims.

March 03, 2014: **Attention ALL Providers:** Michigan Department of Community Health (MDCH) will be converting to the ADA 2012 and the CMS 1500 (Version 02/12) paper claim formats. Effective March 22, 2014, MDCH will be implementing a hard cut-over to the new formats for claim adjudication. Claims received using the previous formats on or after this date will be returned to the provider for resubmission utilizing the new claim forms. Providers are encouraged to review [MSA 14-07](#) for further information and guidelines.

February 25, 2014: **Attention ALL Providers:** Due to a problem with the eligibility system, eligibility for some beneficiaries was incorrectly showing SPENDOWN and Medicare primary indicating that the beneficiary was enrolled within the Special Low Income Medicare Beneficiary (SLMB) benefit plan. If a claim denial with claim adjustment reason code (CARC) 31 was received, providers should re-verify eligibility for that date of service and re-bill any claim(s) if necessary.

February 25, 2014: **Attention ALL Providers:** Per Section 1104 of the Affordable Care Act (ACA), MDCH will begin enforcing providers who submit Fee for Service (FFS) electronic claims to verify eligibility or claim status. Within CHAMPS Provider Enrollment, providers will need to verify that all appropriate Billing Agents who submit any electronic transactions on their behalf are listed. Billing Agents have received a letter regarding this association requirement which included their CHAMPS Billing Agent/Provider ID, as well as how they can review which providers currently are associated to them within CHAMPS. However, this association can only be made by the provider.

Providers must go into their CHAMPS Provider Enrollment information and verify that they have 'Billing Agent' under the "Mode of Claim Submission" step. The correct CHAMPS Provider ID associated to the billing agent needs to be listed in the "Associate Billing Agent" step. If the correct billing agent is not listed within the Provider Enrollment information, it will need to be added and updated and the "Submit Modification Request for Review" step must be completed.

Failure to comply could result in claim denials and lack of payment in the future.

February 25, 2014: **Attention Nursing Facilities and Hospice Providers:**

REPORTING OCCURRENCE SPAN CODE 80 WHEN BILLING FOR ADMISSIONS NOT COVERED BY CMS DENIAL OF PAYMENTS FOR NEW MEDICAID ADMISSIONS

Effective April 1, 2014, when a nursing facility that is under a payment ban needs to submit a claim for a Medicaid beneficiary readmission that is not subject to the payment ban, the nursing facility must report Occurrence Span Code 80 and the from/through dates the beneficiary resided in the same nursing facility prior to the payment ban.

Medicaid policy and guidelines for the definition of a new admission are published in the Medicaid Manual, Nursing Facility Chapter, Certification, Survey, and Enforcement Appendix, Section 5.7 Denial of Payment for New Admissions (DPNA).

Hospices must also report in the above manner when billing for "room and board" when a nursing facility that is under a payment ban needs to submit a claim for a Medicaid beneficiary readmission that is not subject to the payment ban. Hospices can obtain Information regarding a CMS denial of payments for new Medicaid admissions from the nursing facility.

February 10, 2014: **Attention ALL Providers:** Per the Affordable Care Act the 271 eligibility transaction no longer reports the Special Low Income Medicare Beneficiary, SLMB, Benefit Plan. On the 271, it will return within the EB04 segment the SPENDOWN Benefit Plan, and within another EB04 segment it will return Medicare. This will indicate to providers that the beneficiary is enrolled within the SLMB Benefit Plan. In order to remain compliant CHAMPS eligibility also no longer shows the SLMB Benefit Plan. The

SPENDOWN benefit plan will be displayed with the other insurance hyperlink active showing the Medicare policy information; this will indicate to providers that the beneficiary is enrolled within the SLMB Benefit Plan.

Policy guidelines can be found within the Provider Manual, COB chapter section 2.6.E. MEDICARE BUY-IN/MEDICARE SAVINGS PROGRAM.

February 4, 2014: Attention Hospice Providers: Effective March 29, 2014 The Michigan Department of Community Health in compliance with NUBC (National Uniform Billing Committee) will require all Hospice claims to report the ADMISSION/START OF CARE DATE on their claim. Failure to report date of admission will result in the claim rejecting with reason/remark code 16/N46.

February 3, 2014: Attention ALL Providers: Effective January 26, 2014. MDCH released a new feature in CHAMPS. This implementation introduced Phase I of the Document Management Portal (DMP) now accessible for all CHAMPS users.

Information and tutorials on the Documentation Management Portal are available on the MDCH website at www.michigan.gov/medicaidproviders >> [Document Management Portal](#)

January 28, 2014: Attention ALL Providers: System maintenance window for the DEG (Data Exchange Gateway) is scheduled for Saturday, February 1, 2014. The scheduled down time will be from 10:00 a.m. to 12:00 p.m. During this downtime please do not submit any files for the above time period.

January 28, 2014: Attention ALL Providers: Michigan Department of Community Health (MDCH) is in the process of remapping many of the following code sets: Claim Adjustment Reason Codes (CARC) and Remittance Remark Codes (RARC) Claim Status Codes, Group Codes, and Claim Status Category Codes due to the Affordable Care Act (ACA) Section 1104. Primarily CARC/RARC code combinations of existing edits are being expanded to accommodate new business rules per the ACA requirements.

Effective immediately, some of these codes changes will be reported to providers via the 835-electronic remittance advice and the 277-claim status response. For more information on the ACA Operating Rules, please refer to the CAQH-CORE website at www.CAQH.org > Core > Core Rules > Code Combinations. Any additional questions should be directed to Provider Inquiry, Department of Community Health at ProviderSupport@michigan.gov.

January 21, 2014: Attention ALL Providers: Due to a CHAMPS system issue, the Remittance Advice (RA) and 835 files for Pay Cycle 2 dated 01/09/2014 were only generated for denied and credited claims. Providers with paid claims will receive two different RAs and 835 files: 1) denied claims and/or credited amount; and 2) paid claims and any credit that is owed from the denied RA or 835 file. The Pay Cycle date in Champs Inquiry will show 01/09/2014 and 01/13/2014. The RA and 835 file date will continue to have the original date of 01/09/2014. MDCH has resolved all RAs and 835 files as well as checks and/or EFT payments.

January 21, 2014: Attention OPH Providers: All paid claims with dates of service from 10/01/2013 through current will be adjusted with the newly loaded October APC software updates and should start to appear on pay cycle 5 (01/30/14). The adjusted claims can be identified by the claim note "APC Oct. 2013 quarterly updates".

Please review the following for information on [how to verify the Adjustment Source of your claim](#).

January 14, 2014: Attention OPH Providers: Effective January 1, 2014 CMS has implemented their guidelines regarding HCPCS code G0463 and MDCH will be following those CMS guidelines:

G0463 "(Hospital outpatient clinic visit for assessment and management of a patient), for hospital use only representing any clinic visit under the OPPI and to assign new HCPCS code G0463 to new APC 0634. This replaces CPT codes 99201 through 99205 and 99211 through 99215."

Please keep in mind that MDCH is currently adjudicating Outpatient Hospital claims with October 2013 quarter version APC software. MDCH, upon receipt of the CMS finalized January 2014 quarter APC software, will test and load the new software in late March. MDCH will claim adjust any claims that may be impacted by a delayed quarterly update implementation.
The Medicare Addendum B is posted on the following CMS website:

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html>

January 09, 2014: **Attention ALL Providers:** Due to a CHAMPS system issue, the Remittance Advice (RA) and 835 files for Pay Cycle 2 dated 01/09/2014 were only generated for denied and credited claims. Providers with paid claims will receive two different RAs and 835 files: 1) denied claims and/or credited amount; and 2) paid claims and any credit that is owed from the denied RA or 835 file. MDCH expects to resolve all RAs and 835 files early next week as well as checks and/or EFT payments.